2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM

| 1. Entity Nan | ne | # P0300008 MOVING CO. I | | |) | \$ | Secretary | 7 of | State | |
|---------------------------------------|---|--|---|--|---|---------------------------------------|--|---|----------------------|------------------------|
| Principal Place | E OAK CT. | ; | 2901 SQUIF | Mailing Address 2901 SQUIRE OAK CT ST. CLOUD, FL 34769 | | | | | | |
| ST. CLOUD, | rt 34/09 | | ST. CLOUD, | rL 34/69 | | | N GBIRG HAN GBIN BANK B | ### ################################## | | |
| 2. Principal F | Place of Busin | ess - No P.O. Box # | 3. Mailing Add | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. | Suite, Apt. #. etc. | | | Chg-P | CR2E034 (12 | 96) (06 | |
| City & State | | | City & State | | | 4. FEI Numb | | | | lied For Applicable |
| Zip | | Country | Zip | | untry | | e of Status Desired | Fee Re | 5 Additi equired | ional |
| | 6. Name | and Address of Curre | ent Registered Ager | nt | Name | 7. Name and | d Address of New | Registered Agent | | i |
| MAPLES, 2901 SQU ST. CLOU | IRE OAK (| CT | | | | (P O. Box Numb | er is Not Acceptab | ile) | | |
| | • | | | | City | | ### | FL Z _{II} | Code | |
| | named entity ions of registe | submits this statemen ered agent | t for the purpose of c | changing its regist | ered office or registe | ered agent, or bo | oth, in the State of F | lorida. I am familia | with, ar | nd accept |
| SIGNATURE. | Supporture happed | or printed name of registered ag | part and the f applicable | WOTE Beauty | ered Agent signature require | | | DATE | |] |
| FIL After M | E NOW!!! | FEE IS \$150.00 Fee will be \$55 | 9. Elec | tion Campaign Fin t Fund Contribution | ancing \$5 | .00 May Be ded to Fees | | | | |
| 10. | | OFFICERS AN | ND DIRECTORS | 1 | 1. | ADDITIONS | I_ /CHANGES TO OF | FICERS AND DIREC | TORS | N 11 |
| TITLE NAME | PD MAPLES, | GARV A | | 20.0.0 | TLE AME | | | ☐ Cr | ange | Addition |
| STREET ADDRESS | | IRE OAK CT | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | D, FL 34769 | | | TY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | 00000 2070/65 | 0927482 -97119-111 9 | -150 | <u> </u> |
| TITLE NAME | VD MAPLES, | LORETTA | LJ | 50.0.0 | TLE Ame | | | _cninc_;∰₩ | an ĝ e⊷"⊸ | *Addition |
| STREET ADDRESS CITY-ST-ZIP | 1 | IRE OAK CT D, FL 34769 | | | TREET ADDRESS | | | | | |
| TITLE | 01.0200 | 5,11,04703 | | | TLE | | | □ Ch | ange | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | SI | AME Treet address Ty-st-zip | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | N/ | TLE AME REET ADDRESS TY-ST-ZIP | | | □ Cr | ange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | N/ S1 | TLE AME REEI ADDRESS IY-SI-ZIP | | | □ Ch | ange | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | NA ST | TLE AME REET ADDRESS TY-ST-ZIP | | | □ Ch | ange | ☐ Addition |
| indicated of the cor | on this report poration or the or on an attac | information supplied work supplemental reporter receiver or trustee enchment with an address | t is true and accurati npowered to execute s, with all other like e | e and that my sign this report as req impowered. | aturé shall have the | same legal effe 7. Florida Statute | ot as if made under es, and that my nar | oath; that I am an one appears in Block | ifficer or | director |

YOUR MAPLES

SIGNATURE: 4